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Hutchison + Mason PLLC

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April 18, 2005

To:

USPTO

From:

Joshua T. Elliott

Attention:

Fax:

+1.919.829.4332

Fax:

703 872 9306

Direct Phone: +1.919.829.4339

Phone:

Our Ref.:

CMED.10022

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10//663,909

No. Pages:

19 (incl. this page)

Comments:

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Documents enclosed:

Transmittal Letter (in duplicate) Fee Transmittal (in duplicate) Petition for Extension of Time (in duplicate) Amendment

2 page(s) 2 page(s)

2 pages

12 pages

Jennie Snead

(Typed Name of Person Signing Certificate)

(Signature of Person Signing Certificate)

Date of Signing: April 18, 2005

Under the Pap	enwork Reduction Act of 1995	. no persor	.2.U.S. are required to respond to a cr	Patent and T	rademan	Office: U	PTO/SB/21 (09-04) through 07/31/2008. OMB 0851-0031 DEPARTMENT OF COMMERCE displays a valid OMB control number
TRANSMITTAL FORM			Application Number Filling Date	10/663,909			HECEIVES CENTRALFAX CENT
			First Named Inventor	 	September 17, 2003 Julian QUINTERO		APR 1 8 2005
			Art Unit Examiner Name	3751 Peter T. Devore			
(to be used for all correspondence after initial filing) Total Number of Pages In This Submission 18			Attorney Docket Number	+	CMED.10022		
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Amendme Aft Aft Extension Express A Informatio Certified C Document Incomplet	ter Final fidavits/declaration(s) of Time Request bandonment Request in Disclosure Statement Copy of Priority		The Director is here	D by authorizer, and to	credit an	Appea of App Appea (Appea (Appea Status Other I below)	Illowance Communication to TC I Communication to Board eals and Interferences I Communication to TC I Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify):
	SIGNA	TURE	OF APPLICANT, ATTO	RNEY,	OR AG	ENT	
irm Name ignature	Hutchison & Mason PLL	c //.	Ellertt				
Joshua T. Elliott				Reg. No.	43.6	03	
hereby certify the	at this correspondence is as first class mail in an er	being facs		SION/MA	ILING	h the Un	uited States Postal Service with Alexandria, VA 22313-1450 on
Signature		Zen	La San	Ву	Fax to F	ax No. 7	703 872 9306
Typed or printed :	name Jennie P. Sn	ead)				Date	April 18, 2005

This collection of information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM (to be used for all correspondence after initial Total Number of Pages in This Submission Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s)	Application Number Filing Date First Named Invantor Art Unit Examiner Name	tent and Tradiction of Inform 10/663 Septen Julian 3751 Peter 1 CMED	lemark Office; U.S. nation unless it discussion unl	owance Communication to TC Communication to Board als and Interferences Communication to TC Notice, Brief, Reply Brief) ary Information			
Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Terminal Disclaimer below): Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account N 50-3218. This paper is submitted in duplicate.			appropriete fees that may be ment, to Deposit Account No.			
SIGN	TURE OF APPLICANT, ATTO	RNEY, O	R AGENT				
Firm Name Hutchison & Mason PLLC Signature OS Ma / Cliptt Printed name Joshua T. Elliott							
Date April 18, 2005	Reg. No.	43,603					
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Signature By Fax to Fax No. 703 872 9306 Typed or printed name Jennie P. Snead Date April 18, 2005							

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Under the Paperwork Reduction	nn Act of 1995	nn nananan an eminan nn	l to reano	U.S. Patent ar	d Tradema	A Office U.S. DEPAR	PTO/SB/17 (12-04) 31/2006. OMB 0651-0032 TMENT OF COMMERCE atid DMR control number		
Effective on 12/08/2004				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				oplication Number	er 10/6	63,909	909		
FEE TRANSMITTAL				Filing Date September 17					
For FY 2005				First Named Inventor Julian QUINTERO et.al			al		
Applicant claims small	entity status	See 37 CFR 1.27	<u> </u>	Examiner Name Peter T. Devore					
TOTAL AMOUNT OF PAY	MENT (8)	4000.00	-	t Unit		3751			
TOTAL AMOUNT OF FATT	TOTAL AMOUNT OF PAYMENT (\$) 1200.00 Attorney Docket No. CMED.10022								
METHOD OF PAYMENT	r (check all	that apply)							
Check Credit Card Money Order None Other (please identify); Deposit Account Deposit Account Number: 50-3218 Deposit Account Name: Hulchison & Mason PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAR Application Type	FILING I	EES SI	EARCH	FEES E		ATION FEES Small Entity Fee (\$)	Fees Pald (\$)		
Utility	300		00	250	200	100			
Design	200	100 1	00	50	130	65			
Plant	200	100 3	00	150	160	80	•		
Reissue	300	150 5	00	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 20 Indep. Claims 9 - 3 or HP = 6 x 200 = 1,200 HP = highest number of independent claims paid for, if greater than 3									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other:									
SUBMITTED BY		1							

Registration No. 43,603 (Attorney/Agent) Coshus 1. Elliott Telephone +1.919.829.9600 Name (Print/Type) Joshua T. Elliott Date April 18, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolid	tions Act. 2005 (M.R. 4818)	Complete if Known Application Number 10/663,909					
FEE TR	MITTAL	Filing Date					
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10	JUJ	Examiner Name					
Applicant claims small	entity status	See 37 CFR 1.27		Peter T. Di	evore		
TOTAL AMOUNT OF PAY	MENT (S)	1200 00	Art Unit	3751	22		
TOTAL AMOUNT OF PAYMENT (\$) 1200.00 Attorney Docket No. CMED.10022							
METHOD OF PAYMEN	T (check all	that apply)					
Check Credit	Card \N	Money Order N	one Other (please	identify):			
Deposit Account D					n & Mason PLLC		
For the above-identi	fied deposit a	account, the Director is i	nereby authorized to: (ch	eck all that appl	y)		
✓ Charge fee(s)	indicated be	low	Charge fee	a(s) indicated be	olow, except for the filling fee		
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEAF	FILING I			(AMINATION Small E			
Application Type	Fee (\$)	Fee (\$) Fee	(\$) Fee (\$)	ee (\$) Fee (
Utility	300	150 50	0 250	200 100			
Design	200	100 10	0 50	130 65			
Plant	200	100 30	0 150	160 80			
Reissuc	300	150 50	0 250	600 300			
Provisional	200	100	0 0	0 0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) Fee Paid (\$) Pee (\$) Fee Paid (\$) Fee Paid (\$) APP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Pee Paid (\$) Fee Paid (\$) APP = highest number of Independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other:							
SUBMITTED BY		12	T Paristenti At-	7			
Signature	shun	1. Elliott	Registration No. 43,60 (Attorney/Agent)	3	Telephone +1.919.829.9600		

Name (Print/Type) Joshua T. Elliott April 18, 2005 Date

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